

66  
51 OCT 1959  
COUNTY BOROUGH OF OLDHAM



# ANNUAL REPORT

OF THE

Principal School Medical Officer

J. T. CHALMERS KEDDIE

M.B., D.P.H.

---

1958



COUNTY BOROUGH OF OLDHAM



# ANNUAL REPORT

OF THE

Principal School Medical Officer


J. T. CHALMERS KEDDIE

M.B., D.P.H.

---

1958

---



Digitized by the Internet Archive  
in 2018 with funding from  
Wellcome Library

<https://archive.org/details/b29937565>

## TABLE OF CONTENTS

	page
Members of the Committee .....	4
Introduction .....	5
Staff .....	8 & 11
Clinics .....	10
School Hygiene, Accommodation and Attendance .....	12
Medical Inspection .....	13
Audiometry .....	14
Colour Vision .....	14
Uncleanliness Examinations .....	15
Employment of School Children .....	16
Hospital and Specialist Services .....	17
Arrangements for Treatment .....	18
Hospital Schools .....	21
Convalescence .....	22
School Dental Service .....	22
Child Guidance .....	25
Infectious Diseases .....	27
Poliomyelitis Vaccination .....	29
School Exclusion .....	30
B.C.G. Vaccination .....	32
Tuberculosis .....	32
Deaths in School Children .....	34
Nursery Schools and Classes .....	35
Handicapped Pupils .....	35
Hospital Teaching .....	44
Castleshaw Camp School .....	45
Attendance Centre—Medical Examinations .....	45
Medical Examination of Teachers and Entrants to Courses of Training .....	45
Medical Research Council .....	46
Provision of Meals .....	48
Physical Education .....	49
Ministry of Education Medical Inspection Returns .....	51

# EDUCATION COMMITTEE

(1958/9)

---

## Council Members

Alderman J. T. Hilton, J.P. (Chairman)  
 Councillor J. H. Broadbent (Deputy Chairman)  
 The Mayor (Councillor J. Bradley, J.P.)  
 Alderman Ellen Brierley, B.A., J.P.  
 Alderman W. B. Forrest  
 Alderman Alice A. Kenyon, J.P.  
 Councillor M. F. Bamford  
 Councillor J. Bannon, J.P.  
 Councillor F. Beesley  
 Councillor K. Broadbent  
 Councillor W. J. Carroll  
 Councillor A. Coop  
 Councillor C. McCall  
 Councillor F. Platt  
 Councillor J. M. Scott  
 Councillor C. Sykes  
 Councillor J. Warrener

## Co-opted Members

Very Rev. Canon M. Fitzgerald, B.A., L.S.Sc.  
 Rev. F. W. Robinson, B.A., B.D.  
 Rev. J. Calderley  
 Mrs. E. Mills, J.P.  
 Mr. W. Tweedale  
 Miss H. Brierley  
 Mr. A. Craig  
 Mrs. E. Rothwell

## Director

Maurice Harrison, M.A., M.Ed., B.Sc.

## Deputy Director

G. Wilson, M.A., M.Lit.



SCHOOL HEALTH DEPARTMENT,  
TOWN HALL,  
OLDHAM,

May, 1959.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the School Health Service for the year 1958.

Once again it has been difficult to recruit medical staff and for six months it was not possible to fill the vacancy following the resignation of Dr. B. A. Murray. In the Dental Service, the future is more gloomy. It is now some years since we had a staff of four dentists and we must go back to pre-war years for a full establishment. It is true to say our services have extended but so have those of other local authorities, and in dentistry, demand for staff far exceeds the supply. These shortages of staff not only apply to medical and dental staff but to other senior posts in the health service. The rising cost of living and the lack of houses to rent has made it almost impossible for experienced staff to move from one authority to another for the moderate increase in salary they will receive. Many authorities are offering housing accommodation and meeting removal expenses to overcome this difficulty. It may seem an extravagance that such facilities should be granted to medical and dental staff. They come to us rather as 'birds of passage' and cannot be expected to enter into heavy financial commitments which may, on their leaving, result in quite a substantial loss. Also, it should not be overlooked that most students today are heavily financed by the State and Local Authorities and do not come from the prosperous homes of the past. If our services are to be maintained and officers of good calibre recruited, then these facilities will have to be provided.

I would commend to you the Report of the Principal School Dental Officer. He paints no rosy picture, but one of grey shadows and darkening skies. The National Health Service Act has now been functioning for just over ten years and in many fields real advances have been made, and in some fields there have been revolutionary changes. In a few, however, progress has not been prominent and criticism and complaint is justified. Unfortunately, as regards the School Dental Service—and it must not be forgotten that this service also provides the dental care for the expectant and nursing mother and the pre-school child—little, if any, progress has resulted. As regards our own service we have retrogressed. The permanent staff is seriously depleted and we have only maintained a 'make do and mend' service with the aid of temporary part-time officers. The facilities now available to the expectant mother are considerably reduced and only the obvious cases in need of treatment are referred. There is no real provision for the pre-school child. The inadequacy of the General Practitioner Dental Service has resulted in more children seeking treatment for toothache and urgent demands for treatment have seriously interrupted routine inspection and treatment, which has always been a special feature of the School Dental Service. Coupled with this situation there is now added a quite serious increase in dental caries among school children.

In September, a report on fluoridation of public water supplies was submitted to the Health Committee. The amount of fluoride occurring naturally in the water varies considerably from place to place. In some areas there is virtually none while in other areas the amount of fluoride

naturally present equals or exceeds the one part per million which is considered desirable. In Oldham the supplies distributed by the Water Undertaking are obtained from four sources and the fluoride content of the water varies from .09 to .12 parts per million, i.e. about one tenth of that considered adequate for reducing the incidence of dental caries. The Health Committee received the report but decided that consideration be deferred pending inquiries by the Town Clerk as to the legal aspects.

It is of interest to record that the Minister of Health, the Right Honourable Derek Walker-Smith, speaking in the House of Commons during the debate on the National Health Service (July 30th) said:—

“Another promising preventive measure is the fluoridation of water supplies. It has been shown in the United States and elsewhere that this is capable of reducing the incidence of dental decay in young children by as much as 60 per cent., with beneficial effects persisting well into adult life. In view of the shortage of dentists and the high cost of the General Dental Service, any Minister of Health would obviously be attracted by the long-term attractions of this preventive measure. I hope that in the areas where fluoridation is being practised or contemplated, people will appreciate its benefits and understand that there is no harmful effect arising from it.”

Fluoridation has been carried out in a number of areas in North America for several years and it is considered to be effective in reducing dental caries and harmless in other respects. In this country we are excessively conservative and it is to be regretted that this valuable preventive measure has not been rapidly and extensively used. There can be no doubt in the years ahead it will become a regular and established custom comparable with the present addition of chlorine to our water supplies. In the meantime the incidence of dental decay will continue to increase in our children and as there is every prospect that the shortage of dentists will also continue a grave and desperate problem will lie ahead.

Infectious diseases among the school population have caused no real concern. There should be only three problems in this field. Measles will continue to ravage infant classes when it becomes epidemic. Dysentery will raise its head from time to time and any day an outbreak of food poisoning might occur, the school meal being the possible vehicle of infection. The other infectious diseases are no longer a problem. Poliomyelitis is on the run, diphtheria ceased long ago—our last case was in 1950, and tuberculosis is now a minor anxiety. What a different picture we gazed upon when diphtheria, tuberculosis and whooping cough were rampant in our schools! In my first annual report to you in 1936 it was recorded that 216 cases of diphtheria occurred, 292 cases of whooping cough and 1,420 cases of measles. The scene has indeed changed and many must share the credit. A special tribute must be paid to the quiet and persistent work of the health visitors and the school nurses who seek out the ‘laggard parents’ and press them to have their children protected against the preventable diseases. General practitioners are now much more alive to the influence they can exert on these parents, and an increasing number are undertaking the vaccination and immunisation of their patients. Head teachers and their staffs have always co-operated to the full and their continuous contact with the parents enables them to use that personal influence which is so valuable. We indeed acknowledge our freedom from these once dread diseases, but it can only be maintained by constant vigilance.



Poliomyelitis vaccination which was first commenced in 1956 has been pursued with vigour and 7,194 school children received two injections of the vaccine. In September, advice was received that a third injection should be given not less than seven months after the second injection and 210 children who received their primary injections in 1956 received this third injection. Poliomyelitis vaccination has been no easy task for the staff as during the year three types of vaccine were available:—British vaccine; Salk vaccine manufactured in Canada and the United States and subjected to the same tests in this country that applied to British vaccine; and since May, Salk vaccine which has been tested and licensed for use in the country of origin but not tested in this country. Parents were given a free choice of vaccine and as the majority involved accepted the Salk vaccine little or no delay occurred in the protection of the children. It is regretted that the British vaccine was in very short supply and parents who persisted in this choice had to wait a considerable time before their children could be protected. It is gratifying to record that only one case of poliomyelitis was notified and confirmed in a child of school age and this case was non-paralytic in type.

The deaths occurring among school children have again been recorded and for the year total 7. This is an average number, 73 occurred in the last ten years (1949/58), but this year ALL are due to accidents, none of these deaths being due to natural causes. This is a remarkable record, but it points to the growing problem, the prevention of accidents, especially accidents in the home and on the road. There were 2 deaths due to burns, both occurring at home, and 3 due to road accidents. The remaining 2 deaths were due to childish play and adventure.

The Child Guidance Clinic has functioned throughout the year. The linkage with the Mental Health Service has proved of mutual advantage. It is unfortunate that the additional post of full time Educational Psychologist remained unfilled in spite of public advertisement.

In May Miss K. S. Roberts resigned her appointment as Orthoptist and we were fortunate to secure the services of Miss H. Wetton, who had just returned from Canada. Miss Wetton undertakes full time duty. This clinic plays a very important part in the School Health Service and it is of particular interest that out of 88 new cases which were referred to the clinic, 33 were pre-school children. The majority of parents fully appreciate the advice and the service which is available at the clinic. Unfortunately, all mothers have not got this keen interest in their children. A few show their lack of regard for these services by failing to bring their children for appointments.

I wish to extend my thanks to all members of my staff for their loyal service during the year.

I am also grateful to the Chairman and Members of the Ancillary Services Sub-Committee for their co-operation and support and wish to place on record my appreciation of all their help. Finally, I wish to extend my very sincere thanks to the Director of Education and his staff and to the teachers for all the help which they so freely afforded to myself and my staff.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. T. CHALMERS KEDDIE,

Principal School Medical Officer.

## SCHOOL HEALTH SERVICE

---

### Principal School Medical Officer

J. T. Chalmers Keddie, M.B., Ch.B., D.P.H.

### Senior Assistant School Medical Officer

J. Starkie, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

### Assistant School Medical Officers

Edna Circuit, M.B., Ch.B., D.P.H.

H. Bailey, M.B., Ch. B., D.P.H.

T. W. Sherratt, M.R.C.S., L.R.C.P., L.D.S. (to 5-1-58)

B. A. Murray, M.B., B.Ch., D.C.H., D.P.H. (to 30-6-58)

Monica B. Pool, M.B., Ch.B., D.C.H.

Basil Gilbert, M.R.C.S., L.R.C.P. (from 1-1-58)

### Principal School Dental Officer

J. Fenton, L.D.S.

### Dental Officers

J. H. Woolley, L.D.S.

\*A. d'A. Fearn, L.D.S.

E. Twelves, L.D.S. (to 30.9.58)

### Consultants

G. Mason-Walshaw, B.A., M.R.C.S., L.R.C.P., F.F.A., D.A. *Anæsthetist*

J. N. Appleton, M.B., Ch.B., D.L.O., F.R.C.S. .... *Aural Surgeon*

F. Janus, B.Sc., M.D., M.R.C.S., L.R.C.P. .... *Ophthalmic Surgeon*

D. Hilson, M.A., M.B., B.Chir., D.C.H., M.R.C.P. .... *Pædiatrician*

### Ophthalmic Surgeons

N. MacInnes, M.A., M.B., Ch.B.

L. B. Hardman, L.R.C.P., L.R.C.S., D.O.M.S.

### Child Guidance Clinic

#### Consultant Psychiatrist

Dr. Arthur Pool, M.B., Ch.B., M.R.C.P., D.P.M.

### **Educational Psychologist**

D. B. Worthington, M.A. (to 23-2-58)  
J. Ryan, M.A. (from 8-9-58)

### **Orthoptist**

\*Miss K. S. Roberts, D.B.O. (to 8-5-58)  
Miss H. Wetton, D.B.O. (from 28-4-58)

### **Superintendent School Nurse**

✕ Miss A. W. Moordaff

### **Deputy Superintendent School Nurse**

✧ Miss C. Williamson

### **Senior School Nurse**

✕ Mrs. H. Emmott

### **School Nurses**

○★ Miss T. Dolan	*○★ Mrs. O. M. Knott
✧ Mrs. I. Hartley	(from 3-11-58)
✧ Mrs. C. Reeves	✧ Mrs. M. McKenna
✧ Mrs. C. Smith	✧ Miss S. E. Nixon
*○★ Mrs. D. Spencer (to 3-10-58)	✧ Mrs. A. M. Walshe
★ Miss E. E. Williams	✕ Mrs. D. Whitehead (to 8-6-58)
(to 15-10-58)	✧ Mrs. N. Carey
✧ Miss M. Hall	✧ Miss M. Tully (to 30-4-58)
Miss B. Shallcross	✕ Miss B. Ogden
(from 7-7-58)	*○● Mrs. H. Eglin
✧ Mrs. S. Clayton (from 1-11-58)	✕ Miss I. Fisher (from 7-7-58)

### **Nursing Auxiliary**

Mrs. E. Doolan

✧ S.R.N., S.C.M., H.V.Cert.  
✕ S.R.N., H.V.Cert.  
|| R.S.C.N., H.V.Cert.  
● S.R.N., S.R.F.N.  
★ S.R.N.  
○ Temporary  
\* Part-time.



## SCHOOL CLINICS

---

### Minor Ailment Clinics

Gower Street	—Monday-Friday, 9 a.m. to 10-30 a.m.
Scottfield (off Ashton Road)	—Monday-Saturday, 9 a.m. to 10-30 a.m.

### Dental Clinics

Cannon Street	—By Appointment
Gower Street	— " "
Gainsborough Avenue	— " "

### Ophthalmic Clinic

Scottfield	—Monday 9 a.m. Tuesday 9 a.m. Wednesday 2 p.m. Friday 2 p.m.	}	(By appointment only)
------------	-----------------------------------------------------------------------	---	-----------------------

### Orthoptic Clinic

Scottfield	—By appointment only.
------------	-----------------------

### Consultant Aural Clinic

Scottfield	—Friday, 9-45 a.m. (By appointment only)
------------	---------------------------------------------

### Speech Therapy Clinic

Gower Street	—Daily, Monday to Friday (By appointment only)
--------------	---------------------------------------------------

### Child Guidance Clinic

Honeywell Lane	—By appointment only.
----------------	-----------------------



# ANNUAL REPORT

---

## STAFF

In January, Dr. T. W. Sherratt left the service, having been appointed to the post of Assistant Divisional Medical Officer, Lancashire County Council, (Division No. 14), and he was succeeded by Dr. B. Gilbert. In June, Dr. B. A. Murray left the service to take up an appointment in Ireland, and this vacancy was still unfilled at the end of the year.

In September, Mr. E. Twelves, Assistant Dental Officer, left the service to take up a similar appointment with Cheshire County Council, and although we have been unable to fill this vacancy we have been fortunate in obtaining the limited services of other Dental Officers for part-time day and evening sessions.

Dr. Arthur Pool continued to assist as Consultant Psychiatrist at the Child Guidance Clinic. Mr. D. B. Worthington, Psychologist, who devoted two sessions per week to this service resigned in February, and it was not until September that we were able to fill this post by Mr. J. Ryan.

The vacancy of Psychiatric Social Worker at the Child Guidance Clinic remained unfilled, and owing to the demands of the service it was agreed that the establishment be varied to provide for a full time Educational Psychologist. The post was advertised but no appointment had been made by the end of the year.

Miss K. S. Roberts, Orthopist, who devoted eight sessions per week to the Orthoptic Clinic resigned her duties in May and we were fortunate to obtain a successor by the appointment of Miss H. Wetton for full time duties.

## Liaison

All the Medical Officers employed in the School Health Service are also Assistant Medical Officers of Health and undertake duties in the Public Health Department.

The Superintendent Health Visitor is also the Superintendent School Nurse and this arrangement provides the closest co-operation between the School Health Service and the other nursing activities of the Public Health Department. All Health Visitors are appointed as Health Visitor/School Nurse and undertake duties in the School Health Service. Owing to the difficulty of obtaining School Nurses with the Health Visitor's Certificate, qualified nurses are employed in a temporary capacity.

## SCHOOL HYGIENE, ACCOMMODATION AND ATTENDANCE

I am indebted to Mr. M. Harrison, Director of Education, for the following information:—

- (1) The following new schools were completed and occupied during the year:—
  - (a) St. Anselm's Roman Catholic Secondary School—January.
  - (b) Fitton Hill County Secondary School—January.
  - (c) St. Hugh's Voluntary Church of England School—April (second stage).
- (2) The following new school will open in January, 1959:—  
Alt County Primary School.
- (3) The following new school was under construction but was not ready for occupation at the end of the year:—  
Breeze Hill County Secondary School.
- (4) The following additions and adaptations were completed during the year:—
  - (a) Richmond Housecraft Centre—Centre re-modelled.
  - (b) Clarksfield Secondary School—New sanitary blocks and staff room.
- (5) The only new school in the building programme approved for Oldham by the Ministry of Education for 1959-60 is Fitton Hill Roman Catholic Primary School.
- (6) The following schools were closed during the year:—
  - (a) Christ Church Voluntary School.
  - (b) St. Mark's Junior School.
  - (c) St. Peter's Voluntary Infant School.

**School Accommodation.**—The number of children on the register in December, 1958, was 18,782, an increase of 12 compared with the previous year. The distribution is as follows:—

	Sen. & Jun.	Infants
County Primary and Secondary Modern Schools	8,746	3,274
Voluntary Primary and Secondary Modern Schools	3,340	1,546
	<hr/> 12,086	<hr/> 4,820
Counthill Grammer School .....	642	
Greenhill Grammer School .....	455	
Hathershaw Technical High School .....	483	
Junior School Art .....	46	

**Special Schools:—**

Beever Special School—	
Deaf and Partially Deaf .....	22
Scottfield Special School—	
Physically Handicapped .....	24
Chaucer Special School—	
Educationally Subnormal .....	102
Waterhead Special School—	
Partially Sighted .....	12
Strinesdale Open-Air School—	
Resident .....	30
Non-resident .....	60

**MEDICAL INSPECTION****Periodic Medical Inspection**

The periodic medical inspection of three age groups has been continued and 4,904 children were examined at these inspections.

The number of children inspected in the age groups is as follows:—

Entrants .....	1,723
11 year old .....	1,799
Leavers .....	1,382
	<hr/>
	4,904

In addition, 614 children in nursery schools and classes were examined.

Of the 1,723 entrants examined, 544 (31.57 per cent) were found to have been vaccinated against smallpox. This compares with 27.83 per cent for the previous year.

The following figures show the incidence of certain defects in the 5,518 children who were examined:—

Defect or Disease	No. of children requiring treatment or observation for the Defect	Incidence of the defect per 1,000 children examined
Otitis Media .....	87	15.76
Nose or Throat .....	227	41.13
Speech .....	111	20.11
Cervical Glands .....	19	3.44
Heart and Circulation .....	67	12.14
Lungs .....	101	18.30
Hernia .....	25	4.53
Epilepsy .....	20	3.62
Orthopædic .....	218	39.50

Further details of defects found, etc., are given in Part II of the Ministry of Education Medical Inspection Returns.



### General Condition of Children Inspected

All children whose physical condition is considered to be unsatisfactory are referred for special examination and investigation of the medical and social factors which appertain.

Of the 5,518 children examined, 19 were classified as unsatisfactory, which is .34 per cent of those examined.

### Special Inspection

The medical officers made 2,547 special inspections and 2,709 re-inspections. These inspections were made mostly at the clinics or in the schools.

### Audiometry

The routine testing by pure tone audiometry continued throughout the year and 1,922 children were examined by the "pure tone sweep test." The children who failed the test were referred to the school clinic for re-examination and the following is a summary of these examinations:—

No. of children tested .....	1,922
No. referred for investigation .....	35

#### Summary of children referred:—

Found on re-test to have normal hearing	12
For re-test or further observation .....	15
Unable to respond to test .....	—
Already under investigation by own medical practitioner .....	1
Referred to Aural Clinic .....	7

Six of the children referred to the Aural Clinic were seen by the Consultant Aural Surgeon and the following conditions were found and the necessary treatment recommended:—

Enlarged adenoids .....	3
Enlarged tonsils and adenoids .....	2
Deafness .....	1
Cerumen .....	—

One child failed to keep appointments.

### Colour Vision

Tests for colour vision using the Ishihara Charts were commenced in April, 1956. This test should be carried out on children in the 11 year old age group until such time as all secondary school children have had this test at the 11 year old level it also being applied to children examined as leavers. During the year, 1,799 children in the 11 years age group were tested and 21 defects (20 boys, 1 girl) were recorded. There were 1,382 leavers tested and 28 defects (26 boys, 2 girls) were recorded.



## Secondary Grammar Schools

All children are examined prior to entering grammar schools and the school nurses make an annual visit to test the vision and measure the height and weight of all pupils in these schools. The routine medical examination is restricted to children entitled to leave school at the end of the school year, but any child who is thought to require a special examination can be brought to the notice of the medical officers when they visit the school.

The following table gives a summary of the results of the leavers' examination and the defects found:—

Number of leavers examined .....	260
General condition of leavers examined:—	
Satisfactory .....	260
Unsatisfactory .....	—
Defect or Disease Requiring Treatment:—	
Eyes:	
Vision .....	1
Orthopædic:	
Feet .....	1

## Uncleanliness Examinations

Head infestation continues as a problem which takes up a good deal of nurses time. The statistical details are as follows with 1957 figures in brackets:—

Nurses first inspections in schools	50,390	(48,992)
Nurses re-inspections in schools	5,145	(3,283)
Number of school visits for first inspection .....	343	(356)
Number of school visits for re-inspection .....	439	(425)
Number of individual children found to be infested .....	1,176	(1,027)

The figure of 1,176 represents 6.26 per cent of school population (5.47 per cent in 1957).

A cleansing notice in accordance with section 54 of the Education Act, 1944, was served in only one case and had to be followed by a cleansing order. This case was subsequently dealt with under subsection (6) of the above section and a fine of twenty shillings was imposed on the parents. It can be noted that this conviction and fine appear to have had little effect on the parents concerned as the child was again found to be infested a few weeks after the court appearance.

The statistical summary shows only a part of the work done in dealing with this problem. Nurses discuss this matter with parents and older children at home, clinics and schools and those in need of advice are encouraged to bring their children to clinics where they are shown how to cleanse the heads. Help is given in cases of the mother's illness or other incapacity. Suitable combs and insecticides are on sale at the clinics. Most of the actual cleansing work is done by a nursing auxilliary.

In spite of the measures taken, however, the total number of infested children has remained fairly constant between 1,000 and 1,300 over the past five years and it does seem that they may largely represent a "hard core" of difficult families. There is no doubt however, that the severe degrees of infestation often with impetigenised sores on the scalp are becoming much less common.

## EMPLOYMENT OF SCHOOL CHILDREN

A report on each of the 1,122 children examined as secondary school leavers was sent to the Youth Employment Officer. Types of work for which any child is, in the opinion of the Medical Officer, physically unsuited are indicated.

The list of medical contra-indications issued by the Central Youth Employment Executive has been in use throughout the year. It was considered necessary to exclude 175 children from one or more of the following categories of work:—

1 Heavy manual work .....	60
2 Sedentry work .....	—
3 Indoor work .....	—
4 Work involving prolonged standing much walking or quick movement from place to place .....	17
5 Exposure to bad weather .....	16
6 Work involving wide changes in temperature .....	11
7 Work in damp atmosphere .....	14
8 Work in a dusty atmosphere .....	14
9 Work involving much stooping .....	7
10 Work near moving machinery or moving vehicles .....	3
11 Work at heights .....	9
12 Work requiring normally acute vision .....	66
13 Work requiring normal colour vision .....	26
14 Work requiring the normal use of hands .....	1
15 Work involving the handling or preparation of food ...	3
16 Work requiring freedom from damp hands or skin defects	3
17 Work requiring normal hearing .....	10

Copies of confidential school medical reports are also supplied on the application of a school leaver's medical practitioner.



In addition, children are medically examined as regards the suitability of their entering employment outside school hours. The number examined during the year was 383 and the occupations were as follows:—

Newspaper delivery .....	353
Errand Boys .....	6
Dancing and Acting .....	10
Shop Assistants .....	14

---

## CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES

At the request of the Director of Education appointments or home visits are made in cases of prolonged school absence. In almost every case there is consultation with the medical practitioner with beneficial results and, in some cases, special treatment is arranged for the case under review.

The co-operation and help of teachers, the inspector of the local branch of the N.S.P.C.C. and others connected with the welfare of children has been greatly appreciated.

The number of parents or other relatives attending the periodic medical inspections is as follows:—

	1957			1958	
Entrants .....	1,640	95.29%	...	1,617	93.84%
11 year old .....	1,479	76.65%	...	1,350	75.04%
Leavers .....	200	17.51%	...	207	14.97%

---

## HOSPITAL AND SPECIALIST SERVICES

The Child Guidance and Orthoptic Clinics are the only specialist services maintained by the Education Committee. Other specialist provision is made by the Manchester Regional Hospital Board through the Oldham and District Hospital Management Committee which provides an Orthopædic Clinic at Gainsborough Avenue where school children can attend, and a Pædiatric Out-Patients' Clinic at the Oldham and District General Hospital which is held each Monday afternoon and Wednesday morning.

The Consultant Pædiatrician, Dr. D. Hilson, is employed in a consultative capacity. Under this arrangement he gives advice and submits any special reports that may be required by the Principal School Medical Officer, and attends regular meetings when any problems are discussed. Co-operation is further effected by the Senior Medical Officer, Dr. J. Starkie, making regular visits to the pædiatric ward at the Oldham and District General Hospital when Dr. Hilson conducts a ward round.

Mr. J. Norman Appleton is employed as Consultant Aural Surgeon and undertakes the examination of deaf and partially deaf children. He also supervises the children in the Special School for Deaf and Partially Deaf Children.

Under the National Health Service any person requiring an individual hearing aid receives this free, and children in need of such an appliance are referred to the Hearing Aid Centre, Hardman Street, Manchester. Three children were provided with individual hearing aids during the year.

Dr. F. Janus is employed as Consultant Ophthalmic Surgeon and undertakes the examination of blind and partially sighted children and also supervises the children in the Special School for Partially Sighted Children.

The prescribing and dispensing of glasses has continued to remain with the Local Executive Council, the children being refracted and tested at the Scottfield Clinic.

---

## ARRANGEMENTS FOR TREATMENT

Arrangements to secure the availability of comprehensive free medical treatment, other than domiciliary treatment, for all pupils for whom the authority accept responsibility included the following:—

### **Minor Ailments—School Clinics**

The two school clinics at Gower Street and Scottfield have been open daily during the school days, and on several days in the school holiday periods, for the treatment of minor ailments and the carrying out of special examinations. During the year 968 children made 4,113 attendances for treatment.

In addition to the treatment of minor ailments, special examinations of children referred by school nurses, teachers, parents, and attendance officers, are carried out by the medical officers at the school clinics.

The school nurses attend to cleansing the heads of children referred to the clinic for this purpose.

Particulars of the case are given in Part III.

### **Scabies**

The number of cases in school children totalled 12 compared with 16 in the previous year. Every effort is made to treat other members of the family who may be affected. Facilities for treatment are provided at the Gower Street Clinic and at the Health Yard, the facilities at the latter premises being used for the treatment of adult males.



The total numbers treated, which includes cases referred by general practitioners, are as follows:—

Pre-school children .....	1	
School children .....	12	
Adults:—		
Female .....	6	
Male .....	8	
	—	14
		—
		27

### **Ringworm of the Scalp**

No cases of this disease came to notice during the year.

### **General Hospital Treatment**

Children requiring treatment are referred to the Oldham Royal Infirmary or the Oldham and District General Hospital. If requiring in-patient treatment they are usually admitted to the Children's Wards at these hospitals. The Senior (Assistant School Medical Officer has continued to visit school children in the Oldham and District General Hospital.

### **Eye Diseases—Visual Defects**

#### **Ophthalmic Clinic**

This clinic is held at Scottfield and Dr. N. MacInnes and Dr. L. B. Hardman have continued to hold regular weekly sessions.

During the year, 1,838 examinations were made (Dr. MacInnes 575; Dr. Hardman 1,263) and spectacles were prescribed or changed in 1,233 cases.

Children with extremely poor vision are referred to Dr. F. Janus, Consultant Ophthalmic Surgeon, in order to ascertain whether they would be suitable for admission to the Partially Sighted School.

Children with squint are now referred to the Orthoptic Clinic for investigation and treatment. Children who require other investigation or treatment are referred to the Ophthalmic Clinic at the Oldham Royal Infirmary.

#### **Orthoptic Clinic**

Miss H. Wetton, Orthoptist, is employed full-time, and Dr. F. Janus is the Consultant responsible for the Clinic.

I am indebted to Miss Wetton for the following details:—

The Scottfield Orthoptic Clinic became a full time clinic after Miss Roberts left in April. There were 2,476 attendances made by school children and 84 attendances made by pre-school children. There were 88 new cases referred to the clinic and 33 of these were pre-school children.

There is no waiting list for orthoptic treatment now and the children receive attention as soon as they have been referred to the clinic.

In certain cases operative treatment is advised, and these children are referred to the Oldham Royal Infirmary and admitted without undue delay. During the year 20 children received such treatment (Oldham Royal Infirmary—20, Manchester Royal Eye Hospital—0).

On the 31st December, 30 children were awaiting admission to hospital for operative treatment (Oldham Royal Infirmary—29, Manchester Royal Eye Hospital—1).

The following figures relate to the work of the clinic throughout the year:—

Cases on register, 1st January .....	701
Cases referred during the year:—	
Oldham Royal Infirmary .....	47
Scottfield Ophthalmic Clinic .....	39
Ophthalmic Medical Practitioners .....	2
	— 88
Cases removed from register:—	
Cosmetically very good .....	1
Left the district .....	1
Refused operation .....	1
Left school .....	1
Died .....	2
	— 6
Cases on Register, 31st December .....	783
Attendances during the year:—	
Treatments .....	520
Occlusions .....	721
Tests .....	724
Observations .....	595
	— 2560

### **Ear, Nose and Throat Defects**

Children found to be suffering from these defects are referred to the Scottfield Aural Clinic, and by arrangement with the Manchester Regional Hospital Board, Mr. J. N. Appleton, Consultant Aural Surgeon to the Oldham Hospital Group, holds a weekly session. Children attend by appointment and any treatment prescribed is usually carried out at the school clinics. In cases where in-patient treatment is necessary, copies of the case notes are forwarded to the hospital and the name is immediately placed on the waiting list for admission.

During the year, 38 sessions were held and 71 new cases were examined. The total number of attendances was 403.

Children found to require operative treatment are admitted as in-patients to the Oldham and District General Hospital or the Oldham Royal Infirmary.

At the beginning of the year 80 children were awaiting operative treatment for tonsils and/or adenoids, and at the end of the year this number was 52.

The number of children receiving operative treatment during the year was 66 compared with 93 in the previous year.

### Orthopædic Defects

The arrangements for school children to receive treatment at the Orthopædic Clinic, Gainsborough Avenue, have continued. Mr. J. N. Nish, the Orthopædic Surgeon, is the Consultant responsible for the clinic but a weekly session is held by Dr. M. F. Johnstone. The majority of cases require advice and exercises and only a few cases require surgical treatment.

During the year, 67 school children were referred to the clinic for the following defects:—

Defect	No. of Cases
Flat Feet .....	19
Inverted Feet .....	1
Everted Feet .....	2
Other Foot Deformities .....	3
Knock Knee .....	21
Hammer Toes .....	1
Other Deformities of Toes .....	9
Postural Defects .....	10
Spastic .....	—
Depressed Sternum .....	1

### Hospital Schools

At the beginning of the year, 7 school children (4 boys and 3 girls) were in hospital schools.

During the year, information was received that 5 school children (2 boys and 3 girls) were admitted to these schools for the following conditions:—

Pulmonary Tuberculosis .....	4
Deformity of Legs .....	1

There were 8 children (5 boys and 3 girls) discharged from these schools during the year.

At the end of the year, 4 children (1 boy and 3 girls) were in the following hospital schools:—

Wrightington Hospital School .....	1
Abergele Sanatorium School .....	1
St. Joseph's Heart Hospital School .....	1
Biddulph Grange Orthopædic Hospital School	1



## Convalescence

Arrangements exist for selected school children to be sent for convalescence and the cost is met by the Education Committee. The usual period of convalescence is four weeks but this is extended in special cases.

During the year, 5 children (2 boys and 3 girls) were sent to the following convalescent homes: —

Margaret Beavan Home, Heswall .....	1
Tanllywynfan Home, Colwyn Bay .....	4

One girl aged 9 years with a chest condition and resident at the Strinesdale Open Air School had a 3 month period of convalescence in Switzerland at the end of the year. This was arranged through the Almoner, Oldham and District General Hospital and The Alpine Sun for British Children Ltd. The girl was considerably improved on her return.

---

## SCHOOL DENTAL SERVICE

Again it has not been possible to maintain the comprehensive service which was provided in previous years. In spite of advertisements in the recognised journals we have been unable to bring the full-time dental staff up to establishment.

I am indebted to Mr. James Fenton, Principal School Dental Officer, for the following report:—

The staffing of the school dental service still remains an extremely difficult problem and it has not been possible to expand this very important service. The number of dentists under the age of thirty years, who are engaged full time in the School Dental Service, is extremely few. The School Dental Service of many local authorities is becoming staffed by dentists engaged in a part-time capacity and remunerated on a sessional basis. Whilst these part-time dental officers are welcome, under the present circumstances, it is not the ideal staffing arrangement for the efficient running of a School Dental Service.

The salary scales for full time dental officers are not attractive enough to the newly qualified dentists. The minimum of the scale does not compare favourably with the earnings he can obtain under the National Health Dental Service. No adjustments have been made to the salary scales of full-time dental officers since 1956.

The lack of recruitment to the School Dental Service and the number of full-time dental officers who are approaching retirement age, will create a very serious problem in the next few years.



In last year's report reference was made to dental health education and to fluoridation of domestic water supplies. Some slight progress has been made with dental health education but, unfortunately, no progress can be reported with the suggested fluoridation of drinking water.

Shortage of staff coupled with the increase in the incidence of dental decay has resulted in large numbers of children attending the dental clinics for the relief of toothache. This state of affairs interferes severely with the routine work. It is unfortunate to have to report that the number of children who lose front teeth as a result of decay appears to be increasing. It is necessary to supply these children with dentures.

The dental clinic at Cannon Street which is the central clinic and was opened in 1937 will have to be transferred to other premises, as it has been decided that the entire building is to be taken over as a youth centre. The present clinic is in adapted premises and it is hoped that it will be possible to have a new building erected which has been planned and designed as a dental clinic.

Mr. E. Twelves, L.D.S. who was employed in a full-time capacity resigned his appointment in September in order to take up a similar post with Cheshire County Council. It has not been possible to obtain the services of a full-time dental officer and it has been necessary to engage part-time dental officers. These are usually recently qualified dentists who are awaiting their call-up for National Service.

Towards the end of the year several evening sessions were worked at the dental clinic at Gainsborough Avenue. These sessions enable older children to receive their treatment in the evenings and to avoid missing school. This is particularly helpful when they are taking examinations.

The Maternity and Child Welfare Dental Services are provided by the staff of the School Dental Service but it has not been possible to expand these services.

The early age at which many children develop dental decay is shown by the number of pre-school children who are brought to the dental clinics complaining of toothache. The following were the age groups and numbers of pre-school children examined:—

1 year .....	10	3 years .....	144
2 years .....	34	4 years .....	129

## Equipment

The policy of replacing old equipment at the school dental clinics has continued and several items were purchased during the year.

## Dental Inspection

Details of these inspections are to be found in the Ministry of Education Medical Inspection Returns (Part IV).

(a) **Periodic Inspections.** — During the year, 7,086 children received a periodic dental inspection. Of the children inspected, 5,353 were found to have dental defects and 4,570 were referred for treatment. It is not possible to refer for treatment all children with dental defects of the temporary dentition and a policy has to be adopted whereby the elimination of sepsis and pain are the main consideration.

The dental inspections were carried out on school premises and use of a portable light has greatly helped, particularly during the winter months.

(b) **Special Inspections** — During the year, 3,488 children received special inspections at the dental clinics. These are usually children who have developed toothache or who attend the clinics for advice regarding dental care.

In order to reduce the number of these cases it is necessary to have a fully staffed service and to conduct routine inspections at schools at twelve-monthly intervals or less if possible. The longer the period between periodic inspections, the greater will be the number of "specials."

## Dental Treatment

Details of the dental treatment carried out are to be found in the Ministry of Education Medical Inspection Returns (Part IV).

Of the 7,885 children referred for treatment following periodic and special inspections, 5,948 accepted and received treatment and the total number of attendances was 13,625.

5,049 fillings were inserted in permanent teeth and 528 fillings were put in temporary teeth. In addition 3 gold inlays were inserted.

The number of permanent teeth extracted was 3,849 as compared with 3,114 for the previous year. Many of these teeth were extracted for orthodontic reasons. It was necessary to extract 7,570 temporary teeth.

During the year, 163 general anæsthetic sessions were held and 1,879 school children received a general anæsthetic for the extraction of teeth. In addition, pre-school children and expectant and nursing mothers also received treatment at these sessions. The services of Dr. G. Mason-Walshaw, Consultant Anæsthetist, are particularly valuable at these sessions when very young children or children with poor medical histories attend.



## Orthodontic Treatment

During the year, 58 sessions have been devoted to orthodontic treatment, i.e., treatment for the correction of irregular teeth and mal-occluding jaws. This work remains very popular with children and parents alike and is a most important aspect of juvenile dentistry.

Unfortunately this work has to be kept to a minimum due to the adverse staffing conditions.

The following is a summary of the work undertaken during the year:—

New cases commencing treatment ...	58
Cases completing treatment .....	29
Attendances .....	922
"Fixed" appliances fitted .....	9
"Removable" appliances fitted .....	102
"Mouth screens" fitted .....	11

## X-ray Examinations

Full use has been made of the X-ray unit installed at Canon Street Clinic and 200 films were taken.

## Dentures

One hundred and two partial dentures were constructed for children who had lost front teeth, usually as a result of accidents.

Five protective caps were fitted to broken front teeth in order to protect them until the children are old enough for some type of permanent restoration.

## Hospital and Consultant Facilities

Children who require consultant advice and treatment are referred to Mr. W. C. Mellor, F.D.S., Consultant Dental Surgeon to the Oldham Hospital Group, and are seen at his clinic at the Oldham and District General Hospital. Under this arrangement, 7 children were referred. In addition, 4 children were referred to the Manchester Dental Hospital.

The Principal School Dental Officer is also on the staff of the Oldham and District General Hospital and in cases where treatment under hospital conditions would be more beneficial, these children are admitted under his care.

---

## CHILD GUIDANCE

The Child Guidance Clinic is now held at the Honeywell Lane Child Welfare Centre. The transfer here from the premises 60, Gainsborough Avenue was made in the Summer because of the better facilities available.



Dr. Arthur Pool, Consultant Psychiatrist, continued to assist by undertaking one regular weekly session, but unfortunately the Department was without an Educational Psychologist from February until September.

The new system of Child Guidance, as commenced at the end of the previous year, is working extremely well, considering that only one session per week is being held by the Psychiatrist. At least double the number of children are being treated in this one session than previously. This is due to the fact that social histories, initial medical diagnoses and psychological tests are being undertaken at other times and so allowing the Psychiatrist to deal with far more cases at his session than has previously been the practice.

The following table shows the grouping of intelligence quotients of 46 children who were examined:—

I.Q.	Boys	Girls	Total
Untestable .....	—	1	1
70 and under .....	1	1	2
71—85 .....	8	2	10
86—95 .....	4	4	8
96—114 .....	7	7	14
115—129 .....	4	3	7
130 and over .....	2	2	4
	—	—	—
	26	20	46
	—	—	—

At the end of the year 8 cases were awaiting test and 5 cases had been closed before testing.

#### CASES REFERRED, RE-REFERRED AND

RE-OPENED ..... 48

(Source of reference):—

Director of Education .....	7
School Medical Officers .....	11
General Practitioners .....	22
Probation Officer .....	6
Children's Officer .....	1
Others .....	1

RECOMMENDATIONS ..... 43

(including 5 cases from previous year)

(a) Treatment .....	13
(b) Observation .....	5
(c) Cases to be reviewed .....	3
(d) Cases closed after investigation .....	19
(e) Transfer to a technical school .....	1
(f) Care of Children's Officer .....	1
(g) Admitted to Psychiatric Unit .....	1

There were 10 cases awaiting examination at the end of the year.

CASES TREATED DURING YEAR .....	19
DR. POOL, No. of sessions undertaken .....	34
Diagnostic interviews .....	33
Phychiatric interviews .....	49
Play Therapy sessions .....	21
Group Therapy sessions .....	6
School visits .....	1
Other interviews .....	4
<b>EDUCATIONAL PSYCHOLOGIST</b>	
Psychological Tests:—	
Diagnostic .....	11
Re-tests .....	2
Play Therapy sessions .....	17
Interviews .....	5
<b>MEDICAL OFFICERS</b>	
Medical examinations .....	31
Psychological tests .....	19
School visits .....	7
Interviews .....	5
<b>MENTAL HEALTH OFFICERS</b>	
Social Histories .....	30
Home visits .....	50

## INFECTIOUS DISEASES

The following table shows the number of cases and deaths occurring in children (resident in Oldham and attending schools and nursery classes under the control of the Education Committee and also Oldham children attending schools maintained by the adjacent authorities) from certain infectious diseases:—

DISEASE	1958		Nursery Schools and Classes	PRIMARY SCHCOLS		SECOND- ARY SCHOOLS	ADJACENT AUTHORITIES		
	Cases	Deaths		Infant Depts.	Junior Depts.		Infant Depts.	Junior Depts.	S'c'd'y Schools
Meningococcal Infections ... ..	—	—	—	—	—	—	—	—	—
Dysentery ... ..	638	—	17	363	212	42	3	1	—
Diphtheria... ..	—	—	—	—	—	—	—	—	—
Measles ... ..	442	—	12	412	12	—	6	—	—
Scarlet Fever ... ..	100	—	1	58	29	10	2	—	—
Whooping Cough ...	32	—	2	24	5	1	—	—	—
Poliomyelitis ... ..	1	—	—	—	1	—	—	—	—
Tuberculosis—									
(a) Pulmonary	6	—	—	2	2	1	—	—	1
(b) Other forms	4	—	—	2	1	1	—	—	—

## Diphtheria

No case occurred during the year.

## Diphtheria Immunisation

The previous arrangements for diphtheria immunisation have been continued and immunisation sessions are held in schools and at the school clinics.

The majority of children are immunised prior to school entry and it cannot be emphasised too strongly that children should receive this protection in infancy.

To maintain immunity against diphtheria during the period of their school life, it is essential that children immunised in infancy should receive two reinforcing injections, the first during their sixth year (on entering school) and the second during their eleventh year. This further protection is offered to all children.

The following figures indicate the number of children who received primary immunisation after entering school and also the number receiving reinforcing injections:—

### Primary Immunisation

5	6	7	8	9	10	11	12	13	14	15	
yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	Total
26	22	8	4	2	4	—	10	1	—	—	77

### Reinforcing Injections (1st and 2nd)

254

## Smallpox

No case occurred during the year.

## Vaccination Against Smallpox

During the year, 36 children of school age received primary vaccination and 12 were re-vaccinated.

## Meningococcal Infections

No case occurred during the year.

## Measles

There were 442 cases compared with 1,320 cases in the previous year. The disease became prevalent during the last three months of the year when 299 cases were notified, 130 of these being in December.

## Scarlet Fever

There were 100 cases notified compared with 48 in the previous year.

## Whooping Cough

There were 32 cases notified. Of these, 5 had received the full course of protective injections and were classified as follows:—

Severe	Moderate	Mild
—	2	3



## Dysentery

During the year 638 cases of dysentery were notified and confirmed. In all cases the *Sonné* organism was isolated. The disease was prevalent during the first six months of the year but was rampant during January, February and March. Most of the schools were affected by this outbreak and in a few cases members of the staff were also infected.

The following schools were severely affected:—

	cases
Derker Juniors, Infants, and Nursery School ...	53
Watersheddings Juniors, Infants, and Nursery Class .....	29
St. Mary's Infants .....	19
Hathershaw Infants .....	45
Freehold Juniors and Infants .....	49
Limeside Nursery School .....	13

## Acute Poliomyelitis

In December, 1 case of poliomyelitis (non-paralytic) was notified and confirmed, a girl of 7 years. Type I poliovirus was isolated from the faeces.

## Poliomyelitis Vaccination

At the beginning of the year, poliomyelitis vaccination was available to children up to the age of 15 years. In September Ministry of Health Circular 20/58 was received, which recommended that third injections should now be given not less than seven months after the second injection.

Although the supply of British vaccine has been increased to enable the extended programme to be carried out, it was necessary to supplement the British supply by importing as a temporary measure, Salk vaccine manufactured in Canada and the United States. This vaccine was subjected to the same tests in this country that applied to British vaccine. Parents were given the opportunity of refusing Salk vaccine.

In May Ministry of Health Circular 11/58 was received, which advised that it had been decided to import and issue Salk vaccine (Canadian or American) which had been tested and licensed for use in the country of origin but not tested in this country. Parents of children eligible for vaccination who had indicated their readiness to accept Salk vaccine which had been tested in this country were to be given an opportunity of refusing this Salk vaccine.

The majority of parents accepted the Salk vaccine but some expressed a preference for the British vaccine and as this vaccine was in very short supply, there was considerable delay before their children could be vaccinated.

During the year 7,194 children born in the years 1943/1954 received two injections of poliomyelitis vaccine, as detailed in the following table:—

Year of birth .....	1943	1944	1945	1946	1947	1948	
Number vaccinated ..	563	683	684	900	567	497	
Year of birth .....	1949	1950	1951	1952	1953	1954	Total
Number vaccinated ..	441	482	529	649	638	561	7194

In December 210 children, who had received their primary course of injections in 1956, received third injections. The following table details these children.

Year of birth .....	1943	1944	1945	1946	1947	1948	
Number vaccinated ..	—	—	—	—	58	50	
Year of birth .....	1949	1950	1951	1952	1953	1954	Total
Number vaccinated ..	34	32	36	—	—	—	210

### School Exclusion

The following rules for the exclusion from school of cases and contacts of infectious diseases have been approved by the Ancillary Services Sub-Committee.

Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
Scarlet Fever ...	7 days after discharge from hospital or home isolation but not less than 21 days from the onset of the disease subject to the patient being free from "cold in the head," discharge from nose or ear, sore throat or septic spots.	Children — no exclusion. Persons engaged in the preparation or service of school meals to be excluded until Medical Officer of Health certifies that they may resume work.
Diphtheria .....	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.
Measles .....	10 days from the appearance of the rash if child appears well.	Children attending nursery schools and classes should be excluded for 14 days from the date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes to be immediately excluded. A child who is known with certainty to have had the disease need not be excluded.

Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
German Measles	7 days from the appearance of the rash.	No exclusion.
Whooping Cough ...	28 days from the beginning of the characteristic cough.	Children attending infant and nursery schools and nursery classes to be excluded for 21 days from the date of onset of the disease in the last case in the house. A child who is known with certainty to have had the disease need not be excluded. Where there is proof of contacts having been immunised against whooping cough, exclusion is not necessary.
Mumps .....	7 days from the subsidence of all swelling.	No exclusion.
Chicken Pox ...	14 days from the date of appearance of the rash.	No exclusion.
Smallpox .....	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.
Poliomyelitis ...	6 weeks. Will usually require much longer period for recovery.	21 days.
Encephalitis .....	6 weeks.	21 days.
Meningococcal Infection ...	6 weeks.	21 days.
Typhoid Fever Dysentery Food Poisoning }	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.



## B.C.G. Vaccination

Under the Health Committee's proposals for the Prevention of Illness, Care and After-Care, the following arrangements are in operation:—

**Vaccination of Contacts.**—In accordance with Ministry of Health Circular 72/49, arrangements are made for selected contacts of known tuberculosis cases to receive this form of vaccination. The arrangements are under the control and supervision of Dr. H. S. Bagshaw, Chest Physician. During the year, 49 school children (29 males, 20 females) who were found to be Mantoux negative received B.C.G. vaccination. Subsequent Mantoux tests were positive.

**Vaccination of School Children.** — In accordance with Ministry of Health Circular 22/53 the vaccination of older school children has been continued. The parents of children who would reach 13 during the year were offered B.C.G. vaccination. The arrangements are under the control of the Medical Officer of Health and medical officers who have received special instruction in B.C.G. vaccination undertake these duties.

The following figures relate to the work undertaken during the year:—

No. of children offered B.C.G. ....	1620
No. of acceptances .....	838
Percentage accepting .....	51
No. excluded on medical grounds .....	21
No. completing skin testing .....	814
No. positive .....	113
Percentage positive .....	14
No. negative .....	701
No. receiving vaccination .....	697

## Pulmonary Tuberculosis

During the year 6 school children were notified and accepted as tuberculosis minus (sputum negative or absent).

No death occurred from pulmonary tuberculosis.

### Case 1/58

A boy aged 9 years attending the Chest Clinic as a home contact of a positive case was diagnosed pulmonary tuberculosis and admitted to hospital. He was later transferred to the Open Air School and at the end of the year he was fit to return to an ordinary school.

**Case 2/58**

A boy aged 11 years was admitted to hospital and diagnosed pulmonary tuberculosis. He was transferred to Abergele Sanatorium, and at the end of the year was still resident there and making satisfactory progress.

**Case 3/58**

A girl aged 10 years was admitted to hospital and diagnosed pulmonary tuberculosis. She was transferred to Abergele Sanatorium, and at the end of the year was discharged home as fit to return to ordinary school.

**Case 4/58**

A girl aged 6 years was admitted to hospital and diagnosed pulmonary tuberculosis. She was discharged home and at the end of the year was still under treatment and attending the Chest Clinic.

**Case 5/58**

A girl aged 6 years attending the Chest Clinic as a home contact of a positive case was diagnosed pulmonary tuberculosis and admitted to Strinesdale Sanatorium. She was later transferred to Wrightington Sanatorium and at the end of the year was still resident there and making satisfactory progress.

**Case 6/58**

A girl aged 11 years was referred to the Chest Clinic and diagnosed as a case of pulmonary tuberculosis, and admitted to hospital. This girl attended a school in the adjacent district, and she was still under investigation and treatment at the end of the year.

**Non-Pulmonary Tuberculosis**

During the year, four cases were notified and accepted. The following table shows the localisation of the disease in age groups:—

	5-10 Years	10-15 Years	Total
Bones and Joints .....	—	1	1
Abdomen .....	1	—	1
Peripheral Glands .....	1	1	2
	—	—	—
	2	2	4
	—	—	—

The case of bones and joints disease was a boy aged 15 years. He was admitted to Wrightington Hospital in January and discharged in November, his general condition being reported as satisfactory.

The case of abdominal tuberculosis was a boy aged 6 years who was notified as a case of tuberculosis mesenteric glands. He received hospital treatment.

The two cases of peripheral glands were both girls, aged 6 and 10 years respectively.

## DEATHS IN SCHOOL CHILDREN

During the year, 7 deaths occurred in Oldham children attending schools maintained by the Education Authority. The following are brief details of these cases:—

**Case 1**—A girl aged 11 years. Death was due to:—

“Renal failure due to severe burns.

Clothes caught fire at home.

Death from misadventure.”

Inquest.

There was no fireguard to the open fire at this house.

**Case 2**—A boy aged 4 years. Death was due to:—

“Shock and hæmorrhage due to multiple injuries caused by being accidentally knocked down by a motor omnibus.”

Inquest.

**Case 3**—A boy aged 11 years. Death was due to:—

“Shock following fracture of the skull caused when a coping stone of a wall he was climbing, fell on him. (Misadventure.)”

Inquest.

**Case 4**—A girl aged 6 years. Death was due to:—

“Generalised septicæmia.

Secondary to severe burns.

Nightdress caught fire at home.

Death from misadventure.”

Inquest.

This child went downstairs and was found in front of the electric fire with her nightdress in flames.

**Case 5**—A boy aged 5 years. Death was due to:—

“Cerebral hæmorrhage due to fracture of skull caused when the recently erected wall of a house in course of erection was accidentally pushed over by children and deceased was struck by the falling bricks.”

Inquest.

**Case 6**—A boy aged 10 years. Death was due to:—

“I (a) Shock.

(b) Multiple injuries. Accidental death.”

Inquest.

This boy met his death whilst riding a borrowed pedal cycle. He lost control of the machine, ran on to the wrong side of the road, and collided with a van travelling in the opposite direction.



**Case 7**—A boy aged 6 years. Death was due to:—

“Laceration of brain caused by multiple fractures of the skull caused by being accidentally run over by a motor coach.”

Inquest.

In addition to the above deaths, the following death also occurred:—

A girl aged 9 years. Death was due to:—

I (a) Uræmia.

(b) Malignant Hypertension.

(c) Type II Nephritis.

This child was admitted to hospital and received skilled medical care. She attended a maintained school in the adjacent County Area.

---

## NURSERY SCHOOLS AND CLASSES

The three nursery schools—Limeside, Derker and Roundthorn—provided 40 places each for children aged 2-5 years. The three nursery classes—St. Anne's, Richmond and Watersheddings—provided 30 places each for children aged 3-5 years.

The facilities of the School Health Service are available to the children attending these schools and classes. During the year the medical officers made 30 routine visits.

---

## HANDICAPPED PUPILS

The early ascertainment of the handicapped pupil is one of the most important functions of the School Health Service, and the provision of special education for these children is the duty of the Education Authority. Efficient and comprehensive provision continues to be made for these children and the facilities available are fully described in subsequent pages of the report.

Some pupils can be ascertained in early infancy, this especially applies when the cause of the defect is congenital or present at birth. The Health Visitors are fully alive to the importance of such children being ascertained at the earliest age and if, in their opinion, any child comes into this category, they submit a special report so that the most appropriate action can be taken.

A number of these pupils are found at the first periodic medical inspection, others are referred by Head Teachers for medical opinion shortly after school entrance. The more efficient early ascertainment is the fewer will be the cases found at subsequent periodic inspections. A number of pupils are brought to notice after illness or prolonged hospital treatment.

In all cases of handicap it is necessary that experienced officers, and in certain cases a Consultant, should examine the child before a final decision is made. This procedure is strictly followed and each case is most carefully reviewed before a decision is finally made.

### **Pupils Suspected of Deafness**

Children suspected of deafness are brought to the notice of the Medical Officers through the usual channels, but before such cases are accepted as handicapped pupils they are referred to Professor A. W. G. Ewing at the Department of Education of the Deaf, Manchester University. His help and advice is greatly appreciated. The Health Visitors and Medical Officers at the Welfare Centres are instructed to refer children suspected of deafness so that such children can be fully investigated at the earliest opportunity. During the year, 3 children were seen and the following recommendations received:—

- (a) Return to Special School ..... 1
- (b) For special observation ..... 2

### **Ineducable Children**

These children should be ascertained at an early age. Many of them have such a degree of mental defect that school attendance is never considered. A few may be admitted to an infant department but such children should be soon discovered and referred for examination. In any case of difficulty or doubt the opinion of Dr. G. S. Robertson, the Consultant in Mental Deficiency, is obtained.

During the year, 5 children (two aged 6, one aged 7, one aged 10, and one aged 12) were reported to the Local Health Authority as "ineducable." The children aged 10 and 12 years were found ineducable after being admitted to Chaucer Special School.

#### **(a) Blind Pupils:—**

*"Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight."*

Pupils found to be blind are admitted to special residential schools. At the beginning of the year 3 boys were in the following schools:—

- Liverpool School for the Blind ..... 1
- St. Vincent's School for the Blind ..... 2

One girl, aged 2 years, was ascertained during the year, the cause of blindness being retro lental fibroplasia, and application was made through the Royal National Institute for the Blind for the child to be admitted to one of the recognised Sunshine Homes for Blind Babies. She was still awaiting a place at the end of the year.



**(b) Partially Sighted Pupils:—**

*“Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.”*

These pupils are admitted to the Waterhead Partially Sighted School.

	Boys	Girls	Total
Number on register, 1st January .....	10	3	13
(3 from other areas)			
Number admitted during the year ...	1	1	2
(– from other areas)			
Number discharged:—			
At age 16 .....	3	—	3
(– from other areas)			
Transferred to ordinary school .....	—	—	—
(– from other areas)			
Number on register, 31st December ...	8	4	12
(3 from other areas)			

The 3 boys who left school on reaching the age of 16 years were all found suitable employment. One commenced as a grocer's assistant, another as an assistant in a wholesale grocer's warehouse, and the third as an engineer's apprentice.

**(c) Deaf Pupils:—**

*“Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.”*

These pupils are usually admitted to the Beever Special School.

	Boys	Girls	Total
Number on register, 1st January .....	7	2	9
(5 from other areas)			
Number admitted during the year ...	1	2	3
(1 from other areas)			
Number discharged during the year ...	2	—	2
(– from other areas)			
Number on register, 31st December ...	6	4	10
(6 from other areas)			

A girl aged 9 years was admitted to the school at the request of the Lancashire County Council.

During the year, two boys were discharged on reaching 16 years of age. Both boys were found employment with local raincoat manufacturers.



## Residential Special Schools

At the beginning of the year, 6 children (3 boys and 3 girls) were maintained by the Authority in the following residential special schools:—

St. John's Residential School, Boston Spa .....	1
Royal Cross School for the Deaf:	
Junior Department, Kirkham .....	2
Senior Department, Preston .....	1
Royal Residential Schools for the Deaf,	
Manchester .....	2

No children were admitted to or discharged from residential special schools during the year.

### (d) Partially Deaf Pupils:—

*“ Pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.”*

These pupils are admitted to the Beever Special School.

	Boys	Girls	Total
Number on register, 1st January .....	7	5	12
(5 from other areas)			
Number admitted during the year ...	—	—	—
(— from other areas)			
Number discharged during the year ...	3	—	3
(1 from other areas)			
Number on register, 31st December ...	4	5	9
(4 from other areas)			

During the year 3 boys were discharged on reaching 16 years of age.

One boy was found employment in a cotton mill, and one boy took up employment on a local farm. The remaining boy was resident in an adjacent district and employment was found for him with a firm of shoe repairers.

A boy aged 11 years who was admitted to the Needwood Residential School, Burton-on-Trent, in 1954, continued to attend there throughout the year.

A lip-reading class is held at the Beever Special School. The children attending the class continue to attend their ordinary school but visit the Beever Special School twice a week for lip-reading instruction. There were no children awaiting admission at the end of the year.

Mr. J. N. Appleton, Consultant Aural Surgeon, makes regular visits to the Beaver Special School. These visits afford an opportunity for problems concerning individual children to be discussed between the teachers, the Consultant Aural Surgeon and the medical staff of the School Health Service. Mr. Appleton also sees all the children periodically and any special treatment that may be required is arranged through the Scottfield Aural Clinic or the Oldham and District General Hospital.

**(e) Educationally Sub-normal Pupils:—**

*“Pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.”*

Many of these children make satisfactory progress when placed in special classes in an ordinary school. At the beginning of the year there were three classes provided for such children, one (Beever County Junior School) for children between 7 and 9 years, and two (Freehold County Junior School) for children between 7 and 11 years. Each of the special classes provided 20 places and at the end of the year there was accommodation available for 60 children.

During the year Dr. Monica B. Pool, who had in the previous year attended a course of instruction on the ascertaining of educationally subnormal children and mental defectives, was approved by the Ministry of Education under Section 11 of the School Health Service and Handicapped Pupils Regulations, 1953.

During the year, 141 examinations in respect of 133 children were carried out. These examinations are usually held at the Health Office, but some are carried out in the schools and, in special cases, home visits are made. The following is a summary of the recommendations made:—

(a) Found to be ineducable .....	6
(b) Requiring statutory supervision on leaving school .....	9
(c) For admission to Chaucer Special School ...	13
(d) For admission to Special Class .....	9
(e) For further supervision .....	96
(f) No further supervision required .....	8

**Residential Special Schools**

No children were attending residential special schools at the beginning of the year and there were no admissions during the year.

**Chaucer Special School**

Educationally sub-normal children who require more specialised education than can be provided in a special class are admitted to the Chaucer Special School.

	Boys	Girls	Total
Number on register, 1st January .....	55	46	101
(29 from other areas)			
Number admitted during the year .....	6	4	10
(3 from other areas)			
Number discharged during the year ...	8	5	13
(1 from other areas)			
Number on register, 31st December ...	53	45	98
(31 from other areas)			
Children discharged during the year:—			
At age 16 .....	3	5	8
(— from other areas)			
Ineducable .....	2	—	2
(— from other areas)			
Left the district .....	2	—	2
(1 from other areas)			
At age 15 .....	1	—	1
(— from other areas)			

One boy left school a few months prior to reaching the age of 16 years as arrangements had been made for him to go to the Wallingford Farm School, Oxfordshire.

Eight children left school on reaching the age of 16 years, and these children, together with the boy who left at age 15, were all notified to the Local Health Authority.

After leaving school, 1 girl was admitted to the Industrial Centre, 3 boys and 1 girl were found suitable employment, and 3 girls who were discharged in December and considered fit for simple employment, were subsequently placed in such employment.

#### (f) Epileptic Pupils:—

*“Pupils who by reasons of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.”*

No cases were ascertained as requiring admission to special residential schools during the year.

#### (g) Maladjusted Pupils:—

*“Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.”*

Children are referred to the Child Guidance Clinic for advice and treatment.

No cases were ascertained during the year as requiring places in special schools for maladjusted children.



A boy aged 11 years, who was admitted to Chaigley School, Thelwall, near Warrington, in September, 1957, was still resident there at the end of the year.

A boy aged 13 years, who had been recommended for admission to a special school, but was sent to St. George's R.C. Approved School, Freshfields, Southport, in August, 1957, was still resident there at the end of the year.

A girl aged 13 years, who was ascertained in the previous year as requiring admission to a special school for maladjusted pupils, and placed on the waiting list of St. Peter's School, Horbury, was still awaiting a place at the end of the year.

#### (h) **Physically Handicapped Pupils:—**

*"Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools."*

Children whose physical disability renders it inadvisable that they should be exposed to the conditions of ordinary school life are admitted to the Scottfield Physically Handicapped School.

There were six children admitted during the year with the following defects:—

Post-poliomyelitis .....	1
Cerebral palsy .....	3
Spina bifida .....	1
Multiple congenital deformities .....	1

	Boys	Girls	Total
Number on register, 1st January .....	15	14	29
(1 from other areas)			
Number admitted during the year ...	3	3	6
(2 from other areas)			
Number discharged during the year ...	6	6	12
(1 from other areas)			
Number on register, 31st December ...	12	11	23
(3 from other areas)			
Children discharged:—			
At age 16 .....	1	3	4
Fit to attend ordinary schools ...	5	2	7
Admitted to hospital for operative treatment .....	—	1	1

Four pupils left school on reaching the age of 16 years. Two were found employment, one as a trainee machinist and the other with a local bedding manufacturer. One girl, with a severe deformity,

was recommended for a residential cripple training centre but had not been admitted at the end of the year. One boy with a heart defect and resident in the adjacent area left this district with his family shortly after leaving school to reside in Lincolnshire.

### **Residential Special Schools**

Two children suffering from cerebral palsy were in special schools throughout the year. A boy aged 14 years with spastic diplegia who was admitted to Singleton Hall Special School, Poulton-le-Fylde, in 1955, and a girl aged 13 years with spastic quadraplegia who was admitted to Holly Bank Special School, Huddersfield, in 1954.

### **Home Tuition**

Two boys, aged 14 and 9 years, and one girl aged 12 years, were receiving home tuition at the beginning of the year.

Home tuition was continued throughout the year for the boy aged 14 years. During the year home tuition ceased for the boy aged 9 years who commenced school part-time, and for the girl aged 12 years who returned to school full time.

A boy aged 13 years who suffered from muscular dystrophy commenced home tuition at the beginning of the year.

At the end of the year two boys, aged 15 and 14 years, were receiving home tuition.

### **(i) Pupils Suffering from Speech Defect:—**

*“ Pupils who on account of defect or lack of speech not due to deafness require special educational treatment.”*

Speech therapy is available on a sessional basis at the Gower Street Centre under the direction of the Speech Therapist, Miss J. E. Woodhead. The children continue to attend their ordinary schools whilst having speech therapy. The group therapy for stammerers is held on four afternoons per week, and children with other speech defects attend by appointment in the mornings.

Pre-school children found to have speech defects are also referred to Miss Woodhead, who arranges for an appointment to be made with the parent. It is not practical to treat children so young unless the case is exceptional but the parents are seen and advice is given.

I am indebted to Miss J. E. Woodhead for the following report:—

I should again like to express my appreciation to the head teachers and teachers who have given the children attending for treatment their sympathy and support. Their willing co-operation has helped some of the cases to be brought to a successful conclusion.

The following figures were submitted:—

**Group Therapy for Stammerers**

Number on register, 1st January .....	26
(1 from other areas)	
Number admitted during the year .....	20
(— from other areas)	
Number discharged during the year .....	16
(— from other areas)	
Number on register, 31st December .....	30
(1 from other areas)	

The following is the classification, according to improvement, of the 16 children discharged:—

Satisfactory speech .....	9
Improved .....	2
Unsatisfactory attendance .....	2
Withdrawn by parents .....	1
Unsuitable for speech therapy .....	1
Treatment deferred .....	1

The following details relate to the number of children on the waiting list for treatment:—

At 1st January .....	27
Removed whilst on waiting list .....	13
At 31st December .....	26

**Other Speech Defects**

No. on register, 1st January .....	18
(1 from other areas)	
Number admitted during the year .....	48
(— from other areas)	
Number discharged during the year .....	46
(— from other areas)	
Number on register, 31st December .....	20
(1 from other areas)	

The following is the classification, according to improvement, of the 46 children discharged:—

Satisfactory speech .....	35
Much improved .....	3
Cleft palate cases—improved .....	2
Unsuitable for speech therapy .....	1
Treatment deferred .....	4
Deceased .....	1



The following details relate to the number of children on the waiting list for treatment:—

At 1st January .....	57
Removed whilst on waiting list .....	12
At 31st December .....	59

#### **Pre-School Children**

On register, 1st January .....	7
Referred during the year .....	2
Transferred to school children waiting list ...	5
On register, 31st December .....	4

#### **(j) Delicate Pupils:—**

*“Pupils not falling under any other category, who by reason of impaired physical condition need a change of environment and cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.”*

The Strinesdale Open Air School provides accommodation for 30 resident and 90 non-resident delicate pupils.

Admissions during the year were as follows:—

	Boys	Girls	Total
Arrested T.B. and T.B. contacts ...	5	3	8
Sub-normal nutrition and debility ..	7	3	10
Bhronchitis and asthma .....	11	9	20
	—	—	—
Totals	23	15	38
	—	—	—

Children with diabetes usually attend an ordinary school but may require admission to a special residential hostel for diabetic children. During the year, no children were recommended for admission to such hostels.

---

## **HOSPITAL TEACHING**

During the year approval was given to the appointment of a full-time teacher for the school children treated as in-patients in the Oldham Royal Infirmary, in addition to the establishment for one such teacher at the Oldham and District General Hospital.

The post of teacher at the Oldham and District General Hospital remained vacant until September, when both posts were filled.

## **CASTLESHAW CAMP SCHOOL**

This camp school is situated at Delph and parties of children who are in their last year at school are taken to the camp for a week during the period April to October. A warden and his wife are in residence throughout the year and they are responsible for the maintenance of the building and its contents.

The parties are limited to 24 children of one sex along with one or more teachers who are in charge of the party. They assemble at their ordinary school at 9 a.m. on a Monday and they return on the following Friday afternoon, leaving the camp school about 1-30 p.m. The parties are conveyed to and from the camp school by special 'bus.

All children are medically examined at the school clinics before proceeding to the camp school.

The curriculum allows the children attending the camp school to take full advantage of the surrounding countryside and they are taken on visits to places of local interest. In the evenings special recreational activities are arranged by the teachers in charge of the parties.

During the year, 290 children enjoyed a stay at the camp school. The cost to the parents is 17s. 6d. but no child is debarred from attending because of the parents' inability to meet this charge.

The camp is also utilised throughout the year by various youth organizations who arrange for parties to attend at the week-ends.

---

## **ATTENDANCE CENTRE—MEDICAL EXAMINATIONS**

The Chief Constable, at the request of the Home Secretary, has undertaken responsibility for an attendance centre as provided in the Criminal Justice Act, 1948. The centre is held on Saturday afternoons at the Waterloo Secondary Modern School and the children and young persons are sent from the Juvenile Courts in the area.

The instruction includes physical training and drill and all the boys are medically examined.

During the year, 12 Oldham boys were examined by the assistant medical officers and 12 were passed as fit to attend the centre.

---

## **MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO COURSES OF TRAINING**

Teachers entering the service of the Council from other authorities and new entrants to the teaching profession who have not been medically examined on completion of their course of training are examined as to their fitness for employment. These examinations are undertaken by the medical officers of the Department and during the year 114 teachers were examined.

The examination of candidates applying for admission to training colleges is the responsibility of the Principal School Medical Officer and he is assisted by the medical officers of the Department in these examinations.

### **Candidates Applying for Admission to Colleges**

During the year, 52 candidates (15 males, 37 females) were examined and a medical report completed and forwarded with form 4 RTC to the appropriate college authority.

In all cases it was possible to pass the candidates as fit for admission to a course of training.

All the candidates agreed to an X-ray examination.

### **Entrants to the Teaching Profession**

Entrants to the profession completing an approved course of training continue to be examined by the college medical officer but in other cases the medical examination is arranged by the Principal School Medical Officer of the appointing authority. These examinations require the completion and forwarding of Form 28RQ together with a medical report to the Ministry of Education and an X-ray examination is compulsory.

During the year, 47 medical reports (24 males, 23 females) were completed.

### **Ministry of Education Circular 248/52**

- (i) All teachers are X-rayed on appointment but this is waived in the case of new entrants who have recently undergone an X-ray examination on completion of their course of training and received a satisfactory report.
- (ii) All teachers are urged to take advantage of the facilities provided by the Mass Miniature Radiography Service for periodic examination.
- (iii) All staff employed in the School Health Service are X-rayed on appointment and at regular intervals are referred to the Medical Director of the Unit for X-ray examination.

---

## **MEDICAL RESEARCH COUNCIL**

This large scale clinical trial referred to in previous reports has continued throughout the year. Oldham is one of the authorities participating in the trial, the volunteers being young adults who left secondary modern schools during the 18th months September, 1951, to March, 1953.



During the year, the Unit visited the Borough in February and September to make follow-up examinations of the young adults already admitted to the scheme and 367 attended. These examinations were carried out by the Medical Research Council's Mass Radiography Unit at the Community Centre, Clegg Street. The volunteers were asked to attend between 4-30 p.m. and 8 p.m.

The Medical Research Council provides the medical, radiological and clerical staffs and the Mobile X-ray unit but the nursing staff of the School Health Service undertakes the home visiting.

The Health Visitors and School Nurses are assisting in the follow-up and during the year visited the homes of the volunteers in order to complete the follow-up reports.

I am indebted to Dr. C. S. Hunter, Physician-in-Charge of the Unit, for the following report:—

“The Tuberculosis Vaccines Clinical Trial in which Oldham Local Health Authority are co-operating with the Medical Research Council continued throughout 1958. The young people in Oldham who are taking part joined the scheme while they were still at school in 1951 and 1952; they are now 20 to 22 years old. Over 1,000 volunteers originally joined the scheme in Oldham, and, of these, the majority still live there. Some of them have left the area, and there are a number on National Service with the Armed Forces.

Each of the participants in the Trial still living in Oldham was visited during the year by a Health Visitor on the staff of the Medical Officer of Health, and each was invited to attend the Medical Research Council's mass radiography Unit. This Unit visited the Community Centre, Clegg Street, in February and again in September. Unfortunately, the work was considerably hampered by atrocious weather conditions on both occasions. During the time of the visit in February Oldham was completely snowbound, and at the time of the visit in September there was torrential rain every evening during the sessions. However, because of the considerable efforts made by the Medical Officer of Health and his staff, well over 50% of our volunteers attended during the year. We also had the help of the Women's Voluntary Service.

There has been close collaboration in this investigation between the Medical Officer of Health and his staff and the Medical Research Council. It is a great pleasure to acknowledge the very considerable help given by the Oldham Authorities in this national research project.

As regards the trial itself, no fresh progress report was issued in 1958. The report of 1956 showed that the protection from the vaccines against tuberculosis lasted at least four years after the vaccination was given. The object of the trial is to discover how long this protection will last, and it is for this reason that the trial is still continuing.

---

## EXAMINATION OF SCHOOL MEALS STAFF

During the year a scheme was prepared and agreed for the examination and chest X-ray on appointment of all new entrants to the School Meals Service.

This arrangement commenced in September and by the end of the year 20 new entrants had been examined and all found fit for employment in this Service.

---

## PROVISION OF MEALS

I am indebted to Mrs. F. Thompson, School Meals Organiser, for the following report:—

During the year, three new kitchens have been opened. In January, St. Anselm's R.C. and Fitton Hill Secondary Modern School's kitchens were put into operation for the cooking and service of school meals. Limeside Primary School kitchen was opened in September. All the new kitchens are of modern design with up to date equipment. As the dining space is subject to dual use, the furniture provided is stackable. Tables are tubular steel framed with colourful formica tops. Each table accommodates six children.

Throughout the year, various improvements to premises and equipment at the Authority's existing kitchens and sculleries have been carried out. Canopies for extracting steam from cooking equipment and sterilizing sinks have been fitted in Derker, Werneth, Moorside kitchens and Fitton Hill Infants School scullery. Adaptations have been carried out at the Parish Church Voluntary School scullery which included the fitting of a stainless steel wash up unit. The servery at Moorside Voluntary School kitchen has been topped with formica, making the service counter attractive and more hygienic.

The heating system in St. Mary's dining hall has been changed from gas overhead heaters to a more efficient type of electrical heater. Two one day training courses were held in the August holiday period for all the employees of the School Meals Service. "Hygiene" was the main theme of the course. The co-operation of the Health Department in lecturing and showing films on hygiene,



greatly assisted in making the course a success. The Authority has two central kitchens and seventeen self contained canteens providing meals for school children. For three nursery schools and three nursery classes meals are also cooked and served on the premises. The average number of children having school meals per day at the end of the school year was:

On payment .....	7106
Free .....	716
	<hr/>
	7822
	<hr/>

## Milk in Schools

The provision of free milk to all children in schools maintained by the Authority and to non-maintained schools has been continued.

The average number of individual children provided with milk was 16,224 and during the year 3,022,447 one third pints of milk were consumed.

---

## PHYSICAL EDUCATION

Mr. W. C. S. Morgan, the Chief Organiser of Physical Education, retired in September, and I am indebted to Mrs. M. Henshall, the Woman Organiser of Physical Education, for the following report:—

### 1. Staff

The staff consisted of the Chief Organiser, the Woman Organiser of Physical Education (Mrs. M. Henshall), two full-time and two part-time pianists and three full-time and one part-time teachers of swimming. One vacancy for a full-time teacher of swimming remained unfilled. Mr. W. C. S. Morgan retired at the end of September after twenty-six years of service with the borough. From September to the end of December the situation was vacant.

### 2. Physical Activities

Conditions in all schools remained adequate and in some schools they were very good. Two new secondary schools were opened during the year. Each has a 70ft. x 40ft. gymnasium, equipped with the latest type of apparatus. The ancillary rooms for changing and showers, storerooms and teachers' rooms were provided. Specialist teachers in physical education become rarer but in the two new schools they were appointed with the exception of one woman. In other secondary schools some non-specialist teachers were helping with this subject. One school has had the heating of the changing and shower space improved as it was inadequate.



The supply of plimsolls, small apparatus and games materials was maintained at a very satisfactory level. The problem of storage was considered and improvements suggested. The primary schools where space was available have all received large climbing apparatus. In the special schools for handicapped children supplies were completed and now all have climbing apparatus. Courses and demonstrations in physical education on apparatus and dance movement were held for infants' teachers and an English Country Dance Course for men and woman teachers. Other physical education courses outside the borough were attended by the teachers and organisers.

### **3. Games and Athletics**

The Parks Department were again very helpful in making their grounds and courts available to the schools. The limited use of fields continued as the wet conditions of many would cause their rapid deterioration if used indiscriminately. Cross country running was added as a boys' activity to the existing athletic programme.

### **4. Swimming Instruction**

The Authority's regulations and arrangements for swimming instruction were continued. Instruction was given by specialist teachers of swimming and in some cases by members of schools' staffs. The teaching vacancy for a man was not filled and consequently the boys' time was reduced. They attended alternate weeks.

The work done in schools in physical education is carried over into out of school activities by the teachers who voluntarily run the different leagues and associations incorporated in the Oldham Schools' Sports Federation.

## MEDICAL INSPECTION RETURNS

Year ended 31st December, 1958

### Part I—Medical Inspection of Pupils Attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

**Table A—Periodic Medical Inspections**

Age Groups Inspected (By years of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later	1,463	1,461	99.86	2	.13
1953	718	718	100	—	—
1952	139	139	100	—	—
1951	17	17	100	—	—
1950	—	—	—	—	—
1949	4	4	100	—	—
1948	118	118	100	—	—
1947	1,065	1,059	99.43	6	.56
1946	595	591	99.32	4	.67
1945	2	2	100	—	—
1944	30	29	96.6	1	3.3
1943 and earlier	1,367	1,361	99.56	6	.43
Total	5,518	5,499	99.66	19	.34

**Table B—Pupils Found to Require Treatment at Periodic Medical Inspections**

(excluding Dental Diseases and Infestation with Vermin)

NOTES.—(1) Pupils found at Periodic Medical Inspection to require treatment for a defect are not excluded from this return by reason of the fact that they are already under treatment for that defect.

(2) No individual pupil is recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1954 and later	3	29	32
1953	3	15	17
1952	1	3	4
1951	—	2	2
1950	—	—	—
1949	—	—	—
1948	3	—	3
1947	36	23	53
1946	27	8	33
1945	—	—	—
1944	2	—	2
1943 and earlier	24	12	36
Total	99	92	182

**Table C—Other Inspections**

NOTES:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections .....	2,547
Number of re-inspections .....	2,709
	—
Total	5,256

**Table D—Infestation with Vermin**

All cases of infestation, however slight, are recorded.

The return relates to individual pupils and not to instances of infestation.

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ..... 50,390
- (b) Total number of individual pupils found to be infested ..... 1,176
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ... 1
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ... 1



## Part II—Return of Defects found by Medical Inspection in the Year Ended 31st December, 1958

### Table A—Periodic Inspections

NOTE:—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This table should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin .....	2	57	1	33	2	58	5	148
5	Eyes—								
	(a) Vision ....	7	19	24	218	68	156	99	393
	(b) Squint ...	12	61	—	25	2	31	14	117
	(c) Other .....	—	8	—	15	2	18	2	41
6	Ears—								
	(a) Hearing ..	2	20	—	45	2	29	4	94
	(b) Otitis Media ...	—	41	2	26	—	18	2	85
	(c) Other .....	2	2	—	13	—	3	2	18
7	Nose and Throat ...	7	117	1	27	5	70	13	214
8	Speech .....	6	77	—	12	3	13	9	102
9	Lymphatic Glands ...	1	8	—	2	—	8	1	18
10	Heart .....	1	23	2	12	—	29	3	64
11	Lungs .....	1	36	—	32	1	31	2	99
12	Develop-mental—								
	(a) Hernia ...	1	10	—	4	—	10	1	24
	(b) Other ....	—	6	1	13	—	19	1	38
13	Orthopædic—								
	(a) Posture ..	—	4	1	14	1	17	2	35
	(b) Feet .....	3	17	1	9	5	23	9	49
	(c) Other .....	10	49	3	22	8	31	21	102
14	Nervous System—								
	(a) Epilepsy .	—	10	—	2	—	8	—	20
	(b) Other ....	—	4	—	2	—	2	—	8
15	Psycho-logical—								
	(a) Develop-ment ....	—	32	—	1	—	9	—	42
	(b) Stability .	—	9	—	—	—	6	—	15
16	Abdomen .....	—	12	—	6	—	18	—	36
17	Other .....	1	24	—	5	—	26	1	55

**Table B—Special Inspections**

NOTE:—All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin .....	697	29
5	Eyes—		
	(a) Vision .....	384	51
	(b) Squint .....	7	—
	(c) Other .....	61	2
6	Ears—		
	(a) Hearing .....	5	4
	(b) Otitis Media ..	22	2
	(c) Other .....	32	7
7	Nose and Throat ...	9	7
8	Speech .....	25	9
9	Lymphatic Glands ...	—	1
10	Heart .....	—	—
11	Lungs .....	1	1
12	Developmental—		
	(a) Hernia .....	—	—
	(b) Other .....	—	—
13	Orthopædic—		
	(a) Posture .....	—	—
	(b) Feet .....	3	—
	(c) Other .....	13	5
14	Nervous System—		
	(a) Epilepsy .....	—	—
	(b) Other .....	—	—
15	Psychological—		
	(a) Development ..	—	1
	(b) Stability .....	—	—
16	Abdomen .....	—	1
17	Other .....	180	11

### Part III—Treatment of Pupils Attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

NOTES :—The following tables show the total numbers of :—

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

**Table A—Eye Diseases, Defective Vision and Squint**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint .....	66
Errors of refraction (including squint) .....	2,877
	<hr/>
Total	2943
	<hr/>
Number of pupils for whom spectacles were prescribed .....	2,177

**Table B—Diseases and Defects of Ear, Nose and Throat**

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear .....	15
(b) for adenoids and chronic tonsillitis ...	438
(c) for other nose and throat conditions	34
Received other forms of treatment .....	80
	<hr/>
Total	567
	<hr/>
Total number of pupils in schools who are known to have been provided with hearing aids—	
*(a) in 1958 .....	3
(b) in previous years .....	27

\* A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.



**Table C—Orthopaedic and Postural Defects**

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments .....	494
(b) Pupils treated at school for postural defects .....	—
	<hr/>
Total	494

**Table D—Diseases of the Skin**

(excluding uncleanliness, for which see Table D of Part I)

	Number of cases known to have been treated
Ringworm—	
(a) Scalp .....	—
(b) Body .....	9
Scabies .....	12
Impetigo .....	20
Other skin diseases .....	251
	<hr/>
Total	292

**Table E—Child Guidance Treatment**

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics .....	19

**Table F—Speech Therapy**

	Number of cases known to have been treated
Pupils treated by speech therapists .....	112

**Table G—Other Treatment Given**

	Number of cases known to have been dealt with
(a) Pupils with minor ailments .....	30
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	5
(c) Pupils who received B.C.G. vaccination .....	697
(d) Other than (a), (b) and (c) above.	
Please specify	
Boils and other septic conditions .....	76
Cuts, bruises and abrasions .....	237
Other minor ailments .....	208
	<hr/>
Total (a)—(d)	1,253

## Part IV—Dental Inspection and Treatment Carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers:—			
(a) At Periodic Inspections .....	7086		
(b) At specials .....	3488		
	Total (1) .....	10574	
(2) Number found to require treatment .....	8668		
(3) Number offered treatment .....	7885		
(4) Number actually treated .....	5948		
(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h) overleaf .....	13625		
(6) Half days devoted to:—			
(a) Periodic (School) Inspection .....	48½		
(b) Treatment .....	1322½		
	Total (6) .....	1371	
(7) Fillings:—			
(a) Permanent Teeth .....	5049		
(b) Temporary Teeth .....	528		
	Total (7) .....	5577	
(8) Number of Teeth filled:—			
(a) Permanent Teeth .....	4525		
(b) Temporary Teeth .....	446		
	Total (8) .....	4971	
(9) Extractions:—			
(a) Permanent Teeth .....	3849		
(b) Temporary Teeth .....	7570		
	Total (9) .....	11419	
(10) Administration of general anæsthetics for extraction .....	1879		
(11) Orthodontics:—			
(a) Cases commenced during the year .....	58		
(b) Cases carried forward from previous year .....	61		
(c) Cases completed during the year .....	29		
(d) Cases discontinued during the year .....	17		
(e) Pupils treated with appliances .....	94		
(f) Removable appliances fitted .....	102		
(g) Fixed appliances fitted .....	9		
(h) Total attendances .....	922		
(12) Number of pupils supplied with artificial teeth .....	102		
(13) Other operations:—			
(a) Permanent teeth .....	3391		
(b) Temporary teeth .....	412		
	Total (13) .....	3803	

## Number of Children Reported to the Local Health Authority for the Purpose of the Mental Deficiency Act, 1913

Under the Education Act, 1944:—			
(a) Section 57 (3) .....	Male	Female	Total
(b) Section 57 (4) .....	2	3	5
(c) Section 57 (5):—	—	—	—
On leaving special schools .....	4	5	9
On leaving ordinary schools .....	—	—	—
	6	8	14







